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Attention: Examiner Soon H. Hyun
Group Art Unit 2662

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Your file no.: 09/471,093

Date: June 17, 2004

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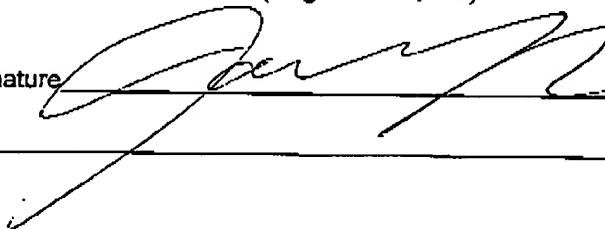
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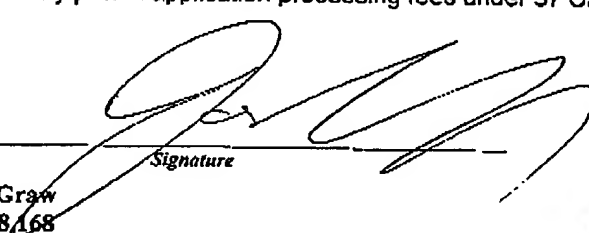
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AMENDMENT TRANSMITTAL LETTER (Large Entity)					Docket No.	
Applicant(s): TREVOR D. CORKUM, ET AL					71493-629 /slb	
Application No. 09/471,093	Filing Date 12/23/99	Examiner Soon D. Hyun	Customer No. 07380	Group Art Unit 2662	Confirmation No. 6993	
Invention: METHOD AND APPARATUS FOR ESTABLISHING DEDICATED LOCAL AREA NETWORK (LAN) CONNECTIONS IN AN OPTICAL TRANSMISSION NETWORK						
<u>COMMISSIONER FOR PATENTS:</u>						
Transmitted herewith is an amendment in the above-identified application.						
The fee has been calculated and is transmitted as shown below.						
CLAIMS AS AMENDED						
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE	
TOTAL CLAIMS	47	48	0	x \$18.00	\$0.00	
INDEP. CLAIMS	7	8	0	x \$86.00	\$0.00	
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00	
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00	
<input checked="" type="checkbox"/> No additional fee is required for amendment.						
<input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____						
<input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed.						
<input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 19-2550						
<input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16.						
<input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.						
 Signature			Dated: June 17, 2004			
James McGraw Reg. No. 28,168			<div style="border: 1px solid black; padding: 5px;"><p>I certify that this document and fee is being deposited on _____ with the U.S. Postal Service as first class mail under 37 C.F.R. 1.8 and is addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.</p><p>_____ Signature of Person Mailing Correspondence</p><p>_____ Typed or Printed Name of Person Mailing Correspondence</p></div>			
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